

308 Building/2A
March 15, 2002



Document Processing Desk - 6(a)(2)
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, NW
Washington, DC 20460-0001

RE: FIFRA § 6(a)(2) Report
Vikane* Gas Fumigant
EPA Registration Number: 62719-4
Active Ingredient: Sulfuryl Fluoride
CAS Registry Number: 002699-79-8
DERBI Number: 104664
State: CA
Severity Category: H-C

Dow AgroSciences submits the following information in response to its understanding of the U.S. Environmental Protection Agency's interpretation of FIFRA § 6(a)(2). However, Dow AgroSciences has not concluded that this information regards an "unreasonable adverse effect on the environment" or that it is reportable under FIFRA § 6(a)(2).

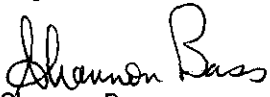
Dow AgroSciences received the enclosed information regarding alleged human exposure.

It is important to note that the Vikane Gas Fumigant label requires the introduction of chloropicrin to the structure prior to fumigation at a rate of one ounce per 10,000-15,000 feet (17-25 ppm) to serve as a warning agent. This warning agent causes smarting of eyes, tearing, throat and nose irritation, and a disagreeable pungent odor at very low concentrations (ca. 0.3 ppm).


The Vikane Gas Fumigant label states the following: "When fumigating, observe local, state and federal rules and regulations including such things as use of chloropicrin, clearing devices, positive-pressure self contained breathing apparatus, security requirements, and placement of warning signs:... Extremely Hazardous Liquid and Vapor Under Pressure, Inhalation of Vapors may be Fatal." Under the "Preparation for Fumigation" section of the label, the use directions for structural fumigation state "Remove from the structure to be fumigated all persons, domestic animals, pets - including fish and desirable growing plants." Also, under the Aeration and Reentry section of the label, use directions state "... treated area must be aerated until the level of sulfuryl fluoride is 5 ppm or less, as measured by a detection device with sufficient sensitivity such as an INTERSCAN or MIRAN gas analyzer." Within this section of the label it further states "Do not reoccupy fumigation site, i.e. building, ship, vehicle or chamber, nor move vehicle until aeration is complete."

If you wish to discuss this matter further, please call us.

Regards,


Shannon Bass
EH&S Global Product Leader
(317) 337-4983

Prepared by:


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Product Stewardship Administrator
(317) 337-4577

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 1-2885117
Administrative Data	Address Studio City California		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: New	Location and date of incident Studio City California 8/6/01	Date registrant became aware of incident. 2/5/02	Was incident part of larger study? No
Row 2	EPA Registration # (Product 1) 62719-4	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) Sulfuryl Fluoride	A.I. (s)	A.I. (s)	
	Product 1 name Vikane	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? No	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation: Fumigant	Formulation	Formulation	
Row 3	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). Re-entry	
Incident Circumstances	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description			

DERBI: 104664
Report: Yes ☒ No ☐
If no, Why: _____
Date: **2-12-02**

Personal privacy

Brief description of incident circumstances.

2/5/02 1:16:41 PM vikane

62719-4 epa reg

Hx: previously healthy 66yom has had head to toe itchy rash about 6 mos. Seen 4 board cert dermatologists, tx with steroids, cortisone, patch testing (all neg) and neg skin biopsy. Now want to tx him with UV though still no dx/ caller does not want this without having some idea of what dx is due to risk of side effects. Saw a "chinese doctor, kinesiologist who used some vials, vibrations from vials / touching body, found fluoride as tox from this eval method, gave herbs, sxs very slightly improved but not really, and this person told caller he had rash from inhalation of some toxin. Caller then remembered house tx'd with product about 6 mos ago right before rash occurred, was cleared for entry and caller first to reenter 3 days after tx. Asx during entry. Wants to know if sxs r/t product, tx info. Also wants to know if he should see med tox.

A: Reviewed product/AI info, no contact noted or sxs expected even if contact/sxs from minute amt residue chloropicrin had occurred, no evidence/sxs to suggest this. Inh of product not known to sxs described/ even allergies

2/5/02 4:13:44 PM Case reviewed.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 66 Years Sex: Male Occupation (if relevant)	Exposure route: Inhalation	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? Did not query	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). HCF	List signs/symptoms/adverse effects Rash - Unable to determine ,		If lab tests were performed, list test names and results (If available, submit reports)
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

The differential diagnosis for a dermatitis of this nature would include multiple potential etiologies. The weight of medical and scientific evidence does not support the claim that the symptoms reported in this case occur as a result of passive exposure to chloropicrin.

Internal-ID #
1-2885117